

# CLAIM FORM PROPERTY LOSS/DAMAGE

Please complete this form in BLOCK CAPITALS and send it to your broker or to AutoTrade Underwriting Managers. The information that is sought herein is not intended to be an exhaustive list and AutoTrade accordingly reserves the right to request any further information deemed appropriate while investigating the claim.

Broker/Agent		
Policy number	Identity number	
<b>INSURED</b>	Name	
	Occupation	
	Physical address	
	Telephone number (day)	
<b>LOSS/DAMAGE INFORMATION</b>	Date and time of loss/damage	
	When was loss/damage discovered?	
	Place where loss/damage occurred	
	Were premises occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?
	If not occupied, when last occupied?	
	Purpose of occupation	
	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises	
	If loss/damage was caused by another party give name and address	
	Have you previously suffered loss/damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, give details	
If insured, provide name of insurer		
<b>POLICE</b>	Police reference number, station and date reported	
<b>OTHER INTEREST</b>	Has any other party an interest in the insured property, e.g. credit agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OTHER INSURANCE</b>	Is there any other insurance covering this loss/damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, give name of insurer	



<b>VALUE</b>	Estimated total value of all the property insured under the policy	
	When last valued?	
<b>PAYMENT</b>	You may select, for added security, for payment of any amount due to you to be made directly into a bank account. Please specify the name of the bank, branch, name of account and account number.	
	Name of bank	Branch
	Name of account	Account number
<b>DECLARATION</b>	I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.	
	Insured's signature	Capacity                      Date

## STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

NUMBER	DESCRIPTION OF PROPERTY	DATE ACQUIRED	FROM WHOM PURCHASED OR ACQUIRED	VALUE	DEDUCTION FOR WEAR AND TEAR OR DEPRECIATION OR VALUE OF SALVAGE	AMOUNT CLAIMED